

Unannounced Care Inspection Report 18 July 2016



Clogher Valley Care Ltd

Type of service: Domiciliary Care Agency
Address: The Bungalow, Riverview, Augher BT77 0BJ
Tel No: 02885548378

Inspector: Caroline Rix

1.0 Summary

An unannounced inspection of Clogher Valley Care Ltd took place on 18 July 2016 from 09.45 to 15.35 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme, to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

However, one recommendation for improvement relating to effective care has been made. The inclusion of all stakeholders in the annual quality review of service provision has been recommended.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Frizelle the registered person/manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Clogher Valley Care Ltd/Evelyn Jennifer Frizelle	Registered manager: Evelyn Jennifer Frizelle
Person in charge of the agency at the time of inspection: Evelyn Jennifer Frizelle	Date manager registered: 6 January 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person/manager
- Consultation with two care workers
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspector spoke with four service users and three relatives in their own homes to obtain their views of the service. The service users/relatives interviewed informed the inspector that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The inspector met with two care staff, on the day of inspection, to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered person/manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas
- Minutes of staff meetings in January to March 2016
- Service user compliments received from April 2015 to March 2016
- Complaint log and records
- Monthly monitoring reports for March to May 2016
- Annual Quality Report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/20

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (4) Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless - full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. An audit of all staff files should be undertaken and an assurance provided to RQIA that satisfactory references have been sought, retrospectively if necessary.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that a system had been introduced to audit all staff files. Records evidenced that satisfactory references have been obtained retrospectively where necessary and full information was retained for all care workers.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 21 (1) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are - At all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that all the required records were maintained and available on the day of the unannounced inspection.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 22 (8)</p> <p>Stated: First time</p>	<p>The registered person shall maintain a record of each complaint, including details of investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that complaints records were maintained with full details of investigations, outcomes and where applicable the actions taken, available for review.</p>	Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.6 Stated: Second time	It is recommended that all service user daily records are legible, accurate, up to date and signed and dated by the person making the entry.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that a system had been introduced to audit all service user records both in service user's homes and when daily logs were returned to the agency office with no staff recording practice issues identified.	
Recommendation 2 Ref: Standard 12.7 Stated: First time	It is recommended that a record is kept in the agency, for each member of staff of all training, which includes: <ul style="list-style-type: none"> • The names and signatures of those attending the training event • The date(s) of the training • The name and qualification of the trainer or the training agency • Content of the training programme 	Met
	Action taken as confirmed during the inspection: Records evidenced that a record is retained of all staff training provided, the date and content of each training session; the qualifications of the trainer and names and signatures of the staff attending each training session.	
Recommendation 3 Ref: Standard 12.8 Stated: First time	It is recommended that there is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the current staff training and development plan, which incorporates the various training subjects identified for staff to meet the needs of service users. The staff training plan viewed is scheduled on a three year cycle from April 2016 to 2018, and included mandatory subjects along with additional service user specific topics e.g. epilepsy training.	

Recommendation 4 Ref: Standard 15.15 Stated: First time	It is recommended that a summary of all complaints, outcomes and actions taken is made available to the Regulation and Quality Improvement Authority when required.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that complaints records were maintained with full details of investigations, outcomes and where applicable the actions taken, available for review during the unannounced inspection.	

4.2 Is care safe?

The agency currently provides services to 91 service users living in their own homes. The inspector reviewed staffing arrangements within the agency.

A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

The inspector viewed four staff files; two sampled were relating to recently appointed care workers which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each of the four staff members. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

The inspector was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Clogher Valley Care staff. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the care required.

No issues regarding the care workers' training were raised with the inspector; service users/relatives discussed examples of care delivered by staff that included use of equipment and supporting service users with memory loss and limited communication. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carer workers and/or office staff.

Examples of some of the comments made by service users or their relatives are listed below:

- "The carers are local; we know their background and are all reliable and kind. We couldn't manage without their help."
- "The girls are very approachable and reliable, even in the bad weather."
- "Great caring and trustworthy staff."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Protection of Vulnerable Adults' policy and procedure

provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered person/ manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's 'Whistleblowing Policy and Procedure' was found to be satisfactory.

Staff training in the area of safeguarding adults and whistleblowing takes place two yearly for all staff. Training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. Details of training during 2015/16 was reviewed on the agency training plan/scheduling tool and verified in four care worker files during inspection. This scheduling tool clearly highlights when refresher/update training is due for all care workers on each mandatory training subject.

A competency assessment tool is in place post staff training for all areas including the area of safeguarding adults. The records were reviewed in four care worker files which confirmed appropriate post training assessments had been completed.

Each of the two care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that staff felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.3 Is care effective?

The inspector was informed by the service users/relatives interviewed that there were no concerns regarding carers' timekeeping and that care was not felt to have been rushed. The service users/relatives also advised that they had not experienced any missed calls from the agency.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

The service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they also received satisfaction questionnaires from Clogher Valley Care asking for their views on the service. Two of the service users and relatives interviewed by the inspector confirmed that they are involved in trust reviews regarding the care package. A sample of four service user files viewed by the inspector confirmed that the agency manager had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person/manager indicated that the agency is occasionally invited to attend or contribute in writing to the commissioning trust care review meetings with service users/representatives. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. The registered person/manager confirmed that no service user calls had been missed in the past year. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

The agency's policy and procedure on records and reporting care practices was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the registered person/manager with no practice issues identified.

The registered person/manager confirmed ongoing discussion of records management during staff team meetings and during training updates. Discussions with care workers during the inspection supported ongoing review of this topic. Minutes of staff meetings viewed for January to March 2016 confirmed this area had been discussed.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified. Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

The agency had completed an annual quality review report for 2015. The registered person/manager confirmed the annual quality report had been provided to all service users during April 2016. The content of the annual quality review report was found to contain feedback from service users and representatives. The content of their annual quality review report was discussed with the registered person/manager.

The inspector recommended that the agency's annual quality review report be expanded to include feedback from staff and commissioners of their service.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person/manager is recommended to expand their annual quality of service evaluation process to include staff and commissioners' views.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care compassionate?

All of the service users/relatives interviewed by the inspector felt that care was compassionate, that care workers treat the service user with dignity and respect, and care was not being rushed. Service users/relatives reported that, as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Clogher Valley Care.

Examples of some of the comments made by service users or their relatives are listed below:

- "The girls are very thoughtful, professional and helpful."
- "The staffs provide the best care possible; they give me time to do things myself."
- "The girls know how to encourage my XXX to cooperate and are so patient and persevere when XXX declines assistance."
- "The staff couldn't be better to me, they are like family."

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector and discussion with the registered person/manager, no staff practice issues had been identified during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings.

Staff questionnaires received indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. The registered person/manager, Jennifer Frizelle, is supported by a monitoring officer and office manager in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 91 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered person/manager and care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities. The policy and procedure manual was reviewed and contents discussed with the registered person/manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, every two years, was found to have been implemented with all of the policies sampled having been recently reviewed during July 2016.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative informed the inspector that "any minor issues are sorted by the care workers at the time". No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 18 July 2016 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered person/manager and a review of their policy and procedure on notification of events evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incident reports had been received during the past year; therefore, no records were reviewed.

The inspector reviewed the monthly monitoring reports for March to May 2016. These reports evidenced that the responsible person/manager, in conjunction with the organisation's director, had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed and staff questionnaires returned indicated that they felt supported by the manager whom they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service user's needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jennifer Frizelle, the registered person/manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 8.12

Stated: First time

To be completed by:
February 2017

The registered person/manager is recommended to expand their annual quality review process to include staff and service commissioners' views.

Response by registered provider detailing the actions taken:

Our annual surveys are sent out to each Service User, these will also be sent to care staff and professionals within our commissioning Trust in January. The result of these surveys will be included in our Annual Quality report which is completed each March.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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